



## Vaccine Hesitancy: A Red Herring

- A case study of the U.S. Government's neglect of the United Nations' elements of genocide administered covertly by social engineering, consumer fraud, reckless endangerment, and mass-mediated falsely-presumed 'general acceptance' of vaccinations' safety

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### Abstract

The ambiguous notion of 'Vaccine Hesitancy' ("VH") is addressed in this case study arising from the widely-publicized socially-divisive U.S. Senate's Health, Education, Labor and Pensions Committee's inquisition into this matter. Officials therein claimed that VH is a growing 'problem' in public health that endangers 'herd immunity.' VH opponents blamed alleged 'ignorant' parents for re-occurring outbreaks such as measles, reversing 'progress' previously made by 'immunizations,' and for relying on alleged 'fake news' and 'pseudo-science' spread by the social media in forming beliefs and attitudes related to VH. The objective of this case study is to compare this hyperbole with fact-based science and commercial/political realities to determine if VH is justified or not; and whether targeting VH for extinction is reasonable under the circumstances. Methodology here relies on a review of the scientific literature and public knowledge that conflicts with the governing officials' behavior under study. The author examines material evidence of bias and malfeasance in the government's hearing committee chaired by Lamar Alexander (R-TN). Definitions and discussion sections are provided to clarify the psycho-social correlates and antecedents of VH behavior in the context of political, economic, professional, and scientific corruption factually presenting. The author, who has substantial expertise in the social and behavioral sciences, public health, emerging diseases, media health education, and persuasion concludes from this careful examination that VH is 'red herring' contrived to protect special interests and divert from more substantive science challenging false claims of vaccinations' safety.

**Keywords:** Vaccine Hesitancy; Red Herring; Genocide; Consumer Fraud; Social Engineering

### Introduction

In 2019, the World Health Organization (WHO) targeted 'Vaccine Hesitancy' ("VH") among the top ten threats to world health [1]. The WHO defined VH as "the reluctance or refusal to vaccinate despite the availability of vaccines". This definition differs substantially from previously published peer-reviewed scientific articles that defines VH more broadly. For example, Larson., *et al.* in 2014 [2] defined VH as "an emerging term in the literature and discourse on vaccine decision-making and determinants of vaccine acceptance". VH was recognized but not demonized as "a continuum between the domains of vaccine acceptance and vaccine refusal and de-polarizes previous characterization of individuals and groups as either anti-vaccine or pro-vaccine" [2] Obviously, un-identified forces have altered the meaning, study, and public perception of

VH in four years without substantive scientific 'due process.' The WHO justified the VH 'target behavior' by stating, "Vaccination is one of the most cost-effective ways of avoiding disease – it currently prevents 2-3 million deaths a year, and a further 1.5 million could be avoided if global coverage of vaccinations improved" [1]. The WHO cited measles and the cervical cancer "HPV" vaccine as especially important to world health threats [1].

"Science" is defined by the Science Council as "the pursuit and application of knowledge and understanding of the natural and social world following a systematic methodology based on evidence" [3]. In reviewing the most cited behavioral science literature reviews on VH emerging since 2014, it is apparent that great variance exists in the "systematic methodology" used to research

this subject [4-7]. Scholarly investigators accurately characterized VH as a “ambiguous notion” [5]. False messages and the “current public health communication about vaccines may actually increase misperceptions or reduce vaccination intention”. Attempts to “increase concerns about communicable diseases or correct false claims about vaccines may be counterproductive” [7].

Considering such ambiguity and importance of these matters to public health and consumer safety, public duty and ethical considerations demand more from the scientific, medical, and political communities to secure a higher-degree of accuracy in communications impacting VH and policy-making.

Accordingly, this article considers the subject of VH and governmental actions from a medical/legal and psycho/social/behavioral perspective.

## Background

The ‘nebulous’ and even conflicting definitions of VH within the scientific and health communities evidences a fundamental challenge to officials. These challenges are compounded by ‘methodological variances’ in studies attempting to remedy the public’s hesitancy. Such research into widespread distrust of vaccines presumes a ‘social engineering’ or ‘population management’ remedy exists. Once variances have been minimized, and correlates and predictors of compliance behavior have been determined, officials presume a remedy or remedies will appear. Accordingly, the following definitions are fundamental to this discovery.

## Behavioral science and social engineering

Social Engineering is broadly defined in the context of public education and the data security industry as “any act that influences a person to take an action that may or may not be in their best interest” [8]. This encompasses the correlates and predictors of behavior including psychosocial factors, economic factors, and political factors. The psychosocial factors include philosophical and religious beliefs commonly influencing VH. In this instance, economic factors extend beyond individuals’ financial constraints to the perceived pecuniary interests of vaccine providers and manufacturers. This reasonably extends VH to the political arena too as evidenced in the case studied below.

Behavioral Science is defined in medicine as “a science that deals with human action and seeks to generalize about human behavior in society” [9]. This definition raises the material matter of what is ‘generalized’ or ‘generalizable’ about HV behavior. Even in science, what is ‘generalized’ is questionable. Most respected editors of peer-reviewed medical journals generally agree that sci-

ence has been substantially corrupted by special interests [10,11]. As one medical editor complained, the public’s distrust of science and medicine arises with “the difficulty to determine whether or not new medications, diagnostic procedures, and treatments actually do benefit patient outcomes. [M]arketing activities of proprietary organizations make it difficult to assess published clinical research that is intended to determine the value of treatments” [10].

The same may be said of vaccines. “How tainted by commercial conflicts has medicine become?” *The Lancet* Editor, Richard Horton, rhetorically asked [11]. “Heavily, and damagingly so, is the answer. A more important question arises: do those doctors who support this culture for the best of intentions—eg, to undertake important research that would otherwise remain unfunded—have the courage to oppose practices that bring the whole of medicine into disrepute?” [11]. Not according to public knowledge and realistic concerns of those who demonstrate VH.

Consequently, in this ignoble arena, ethical and medical/legal issues are raised regarding what is, or what is not, proper methodology and fair play in assessing VH behavior, and engineering remedies, including media persuasion messages and programs to benefit public health and safety.

## Ethical issues underpinning vaccine hesitancy

The ethical burden in this matter of VH is heavy. The definition of medical ethics includes four basic principles applicable to this VH case study. Interventions must ethically provide targeted individuals “autonomy, justice, beneficence, and non-maleficence” [12]. Autonomy “requires that the patient have autonomy of thought, intention, and action when making decisions regarding health care procedures. The decision-making process must be free of coercion or coaxing. In order for patients to make fully informed decisions, they must understand all risks and benefits of the procedure and the likelihood of success” [12]. Justice requires “that the burdens and benefits of new or experimental treatments must be distributed equally among all groups in society. Requires that procedures uphold the spirit of existing laws and are fair to all players involved. The health care provider must consider four main areas when evaluating justice: fair distribution of scarce resources, competing needs, rights and obligations, and potential conflicts with established legislation” [12]. Beneficence “requires that the procedure be provided with the intent of doing good for the patient involved. Demands that health care providers develop and maintain skills and knowledge, continually update training, consider individual circumstances of all patients, and strive for net benefit”. Non-maleficence requires, “that a procedure does not harm the patient involved or others in society”.

Clearly, this ‘generally accepted’ definition of ethical healthcare does not comport with public knowledge underlying VH. Autonomy of thought, the consumer’s intention and action when making vaccine decisions is grossly undermined by threats of retaliation [13]. For instance, some physicians reject VH patients. Spouses also often take opposing positions, especially in lieu of many physicians’ use of coercion. Caregivers threaten to terminate care. These behaviors distress parents, and may contribute to domestic violence, divorce, lawsuits, and unresolved VH.

### Medical-legal matters of concern

Justice and medical care are both burdened by access to lawyers and doctors. Demographics affect affordability. Lawyers and doctors are costly. Consequently, the administration of what is fair, just, and proper regarding vaccinations is prejudiced by these demographics.

VH is often justified by many people and groups by-reason-of un-Constitutionality. The First and Fourteenth Amendments, and Bible Law, are called into question. The right to free religious exercise to abstain is denied by vaccination mandates. This violates Leviticus 19:19 that precludes foreign substances, especially genetic materials from foreign species, from being injected into religious persons’ bodies. The Fourteenth Amendment that secures citizens right to natural immunity is usurped. That law states that, “No State shall make or enforce any law which shall abridge the . . . immunities of citizens”.

Vaccinated and un-vaccinated persons may be deprived of life, liberty or property by mandatory vaccination policies that presume some amount of vaccine injuries will occur. This violates the Fourteenth Amendment. In the United States, the National Childhood Vaccine Injury Act of 1986 (“NCVIA”) precludes substantive due process of law. That law exempted vaccine makers from liability for adverse reactions. Arguably, this is unreasonable and unjust. Thus VH is rationally reinforced by generally accepted laws.

Nor shall any state “deny to any person . . . the equal protection of the laws” [14]. Vaccine makers, the large corporations, are considered ‘persons’ under the law. Due to the NCVIA, they receive un-equal protection. Unlike any other person, vaccine makers are indemnified against lawsuits for damages they cause. This too fuels not only VH, but widespread resentment and those hesitant.

Consequently, VH reflects such endemic injustice. Vaccine mandates impose unequal burdens and benefits on society. Under the NCVIA, vaccines clearly benefit prejudicially vaccine makers. The practice of vaccination does not “uphold the spirit of existing laws

(such as the Constitution). Imposed vaccinations are not fair to all players involved [12]. Such prejudice fuels VH and anti-government attitudes. Citizens justifiably oppose health care providers who disregard ethical requirements and human rights. Medical professionals are increasingly viewed as flimflam drug pushers for Big Pharma.

Corporations and caregivers may have the “intent of doing good for the patient involved,” but the ‘one-shot-suits-all’ notion of vaccination fails to “consider individual circumstances”. Even if the theory of ‘herd immunity’ could be proven scientifically, which it has not been by clear-and-convincing evidence, ‘non-maleficence’ requires, “that a procedure does not harm the patient involved or others in society” [12]. This is an admitted breach of medical ethics fueling VH. The proximity of ‘terroristic threatening’ to justify ‘assault’ with a potentially deadly injection threatens death from both action and inaction—a horrible imposition upon the psyche and medical/legal communities.

### Vaccine hesitancy prompted by scientific fraud

The Association of American Physicians and Surgeons (AAPS), in 2018 published Dr. Brian Hooker’s peer-reviewed scientific re-analysis of the U.S. Centers for Disease Control and Prevention’s (CDC’s) findings on the MMR vaccine’s contested association with higher racial, male, and age-related rates of “pervasive developmental disorder”. This was particularly disconcerting to African-Americans. (15, 16) “CDC officials observed very similar relationships as early as November 2001, but failed to report them in their final publication, fearing such candor would spur the ‘anti-vaccination movement’ [18].

This alleged ‘scientific evidence tampering’ and ‘fraudulent concealment’ committed to reinforce faith in vaccination safety many critics charged was reckless [17]. A few scholars raised the specter of genocide [18]. All of this resulted in substantial public outrage and more widespread VH. Despite widespread corporate-controlled media censorship, VH increased a result of citizens’ outrage published in the social media [19].

### Case Study

Prompted by special-interests and the aforementioned facts, U.S. lawmakers openly opposed VH through the U.S. Senate’s Health, Education, Labor and Pensions Committee and its Chairman, Lamar Alexander (R-TN) [19]. These senators generally condemned parents who were VH. Officials smeared citizens for being deceived and defrauded through social media postings. They called for stricter regulation and censorship of publications commonly permitted by companies such as Facebook, Twitter and Google/

YouTube. Alexander, et al. charged the alleged ‘ignorant’ masses with disregarding vaccine safety science, and publishing damaging falsehoods that should be prohibited by social media servers [19].

The public responded to Alexander’s committee venomously. VH activists charged Alexander and his cohorts with political corruption, illegal influence and fraud [19]. For instance, the Chairman misrepresented a “gold standard” allegedly used to assure vaccines’ safety [20]. Alexander falsely claimed this ‘gold standard’ was being used by the U.S. Food and Drug Administration (“FDA”) to research and approve vaccines. “There’s nothing secret about any of this science,” Alexander stated, “And countless studies have shown that vaccines are safe. Internet fraudsters who claim vaccines are not safe are praying on the unfounded fears and daily struggles of parents. And they are creating a public health hazard that is entirely preventable” [19].

In fact, Alexander’s ‘gold standard’ claim falsely generalized the single study by Garcia, *et al.* [19,20]. That science paper only suggested that a standard for vaccine safety might be considered by the scientific community for studying chickens with colds, not humans with measles or other infectious diseases [20]. Alexander’s misrepresentation falsified a not-generally-accepted safety ‘standard’ to claim that measles outbreaks, and worse, resulted from VH, and parents who were ignorant about ‘real science’ [19].

Alexander’s statements were widely condemned as fraudulent. They satisfied the four required elements of fraud while “puffing” vaccines [19,21]. The public record shows Alexander and his hearing committee members made: ‘knowingly false representations’ [21].

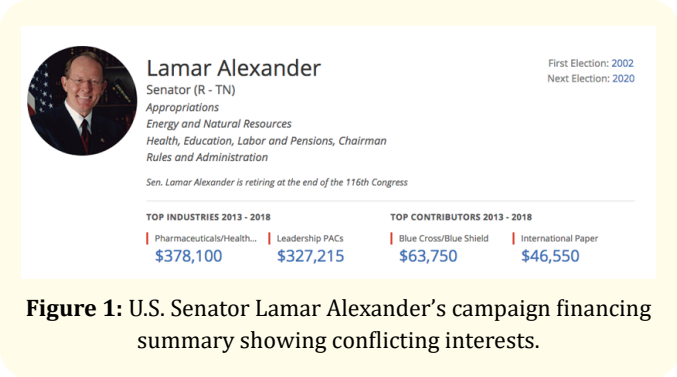
Alexander’s subordinate senators knew that VH was largely based on questionable safety assurances issued by CDC officials. This fact must be presumed, as well as Alexander’s scienter, due to widely publicized competing legislation. There were VH lawmakers who rejected special-interest influence. Some represented the interests of citizens with VH and favored Congressional cohort, Rep. Bill Posey (R-FL), who filed the “Vaccine Safety Study Act” H.R. 3615 in 2017 due to widespread VH [22]. That Act controverted claims of vaccine safety. That pending (arguably stonewalled) legislation stated, “The strategy of aggressive, early childhood immunization against a large-number of infectious diseases has never been tested in its entirety against alternative strategies, either for safety or for total health outcomes”.

In other words, it was public knowledge at the time of the senate hearing, especially known to the legislative branch of the U.S.

Government, that there are no definitive ‘risk/benefit’ studies from which anyone can justifiably claim vaccine safety. The concept of vaccine safety was falsely or fraudulently spread in favor of deceptive trade. [23] Nor were there any studies comparing vaccines with alternatives such as homeopathics [24] or advanced silver hydrosols [25]. Nor were there any safety studies assuring increased combinations of vaccines were not causing harm.

Clearly, vaccine package inserts made known to the legislators that individuals and certain populations are often damaged by vaccinations. For this reason and others, in the Congressional community of the U.S., false vaccine safety representations were openly opposed by Rep. Posey’s VH Act [22].

Viewing the senators’ psycho-social behavior in the light most favorable to them (as the media and scientific and political communities have done and continue to do), the lawmakers’ ‘willful blindness’ and denialism in the face of undeniable widespread public knowledge that large gaps exist in vaccine safety science justified VH. It also justified the backlash of charges of criminal negligence and legislative recklessness. Risks, science gaps, and false claims of safety justified further VH. Arguing to the contrary advanced unfair and deceptive trade. Alexander’s actions satisfied the elements of fraud in an illegal enterprise advanced by ‘public corruption’ as evidenced by Figure 1.



**Figure 1:** U.S. Senator Lamar Alexander’s campaign financing summary showing conflicting interests.

Nevertheless, the general-consensus among the senators under Alexander’s leadership smeared VH citizens and activists raising legitimate concerns. These politicians acted with “intent to deceive or induce [the public’s] reliance” upon known false safety claims.

The committee’s act of ‘puffing’ the sale of vaccines expressly favored their graft providers as shown in Alexander’s campaign financing record. This public record shown in Figure 1, is typical of Alexander’s ‘anti-VH’ cohort. It shows the senators received payments to favor vaccine makers and disease care providers. Alexan-



der received \$378,100 between 2013 and 2018 from pharmaceutical companies to push their trade and oppose competing interests. These facts, made widely known, further fueled VH.

Even more VH was spurred by threats of social media censorship proposed by Alexander's committee and others perceived to have been bribed.

There appeared a clear-and-present coordinated effort between the censoring and silencing media and bribed lawmakers beyond Alexander's group. In Hawaii, for instance, the corporate-controlled media neglected the contested bribery of state Senator Roz Baker by Pfizer/Monsanto lobbyists to mandate vaccinations for all school children and healthcare workers [26].

Similar malfeasance and public corruption advanced in Oregon courtesy of State Rep. Mitch Greelick's campaign financiers, nearly all organizations profiting from disease. Greelick, *et al.* acted to deny religious people their freedom to refuse vaccinations when demanded by the State [27,28].

Best explaining the coordinated national legislative and media actions was Bill Moyers.

Moyers and Company presented a comprehensive report titled the "United States of ALEC". The program, initially broadcast on PBS, exposed the "most influential corporate-funded political force" called ALEC—the acronym for the American Legislative Exchange Council. This national consortium of state politicians and powerful corporations, "presents itself as a 'nonpartisan public-private partnership'. But behind that mantra lies a vast network of corporate lobbying and political action aimed to increase corporate profits at public expense without public knowledge" [29].

This unfair and deceptive trade favoring political campaign donors and unethical professionals, many turned politicians, had been a recurring burden on the public's trust, prompting further VH.

On February 1, 2019, *The Guardian*, blatantly biased in its news coverage by substantial grants and alliances with the Rockefeller Foundation and the Bill and Melinda Gates Foundation—the world's leading vaccine distributor—published "How Facebook and YouTube help spread anti-vaxxer propaganda: Companies have acknowledged the problem and are taking modest steps to discourage misinformation" [30,31].

This 'news' was issued contemporaneously with reports of the U.S. House Intelligence Committee's ranking member, Rep. Adam Schiff (D-CA), petitioning Google/YouTube, Facebook, and Amazon

to censor writings and films prompting VH. In Schiff's correspondence, he repeated the same state-sponsored disinformation, writing: "The scientific and medical communities are in overwhelming consensus that vaccines are both effective and safe. There is no evidence to suggest that vaccines cause life-threatening or disabling diseases, and the dissemination of unfounded and debunked theories about the dangers of vaccinations pose a great risk to public health." Schiff's conflicting interests involving pharmaceutical and 'Deep State' interests were subsequently revealed, corroborating allegations of complicity in treason and genocide through a secret enterprise such as ALEC [32].

Two weeks later, *FOX News* publicized 'anti-vaxxers' harassing doctors who publicly encourage vaccinations. *FOX News's* largest shareholder, Rupert Murdoch, held substantial interest in vaccine makers according to public knowledge [37]. The reported culprits, Erin Elizabeth Finn and Larry Cook, had both been previously exposed as 'double agents' for controlling opposition to mandatory vaccinations [34]. "The best way to control the opposition is to lead it ourselves", wrote Communist leader Vladimir Lenin, best explaining *FOX News's* choice of Finn and Cook, neither with medical or science training [34]. Finn or Cook were easily discredited and libel-proof targets for smearing VH citizens. The ploy, misrepresenting all persons with VH on Facebook as ignorant 'fraudsters,' however, increased the couple's celebrity and social media following, further increasing VH [38].

## Discussion

### Vaccine hesitancy (VH) prompted by fraud and worse

Given the aforementioned facts, and legislative case study, VH is a reasonable, responsible, psycho-social and behavioral response to public awareness of scientific misrepresentations and commercial fraud that is outlawed in the United States.

For instance, false safety assurances are illegal according to Section 5(a) of the Federal Trade Commission Act (15 USC §45). This "UDAP" law prohibits "unfair or deceptive acts or practices in or affecting commerce" [23]. This includes deceptively 'puffing' vaccines by recklessly claiming that rational well-justified VH is 'ignorant' and risks society.

Depending on the facts, such as those evidenced in this case study, a charge of unfair and deceptive practice may be made against the whole enterprise puffing vaccines. UDAP standards may be imposed when the act or practice "causes or is likely to cause substantial injury to consumers," and where the practice "cannot be reasonably avoided by consumers". In this case, many citizens in the military, healthcare, school workers and children

cannot ‘reasonably’ avoid injections without suffering substantial social repercussions.

Every act or practice is deceptive where “a representation, omission, or practice misleads or is likely to mislead the consumer”. This fact and related governmental acts are the cause of VH worldwide. Vaccine consumers’ interpretations of the false safety assurances made by officials, compounded by material misrepresentations or omissions made by lawmakers, result in increased morbidity or mortality. This official malfeasance is actionable under American jurisprudence. In this case, such political action may be justifiably considered treasonous, damaging the health and safety of the nation as-a-whole, jeopardizing national security, and genocidal in fact and outcome.

### Considering genocide resulting from willful-blindness to vaccination risks

The legal definition of genocide is provided in Article 2 of the United Nations Convention on the Prevention and Punishment of the Crime of Genocide (1948) [39]. The elements of genocide are explained by the Office of the UN Special Advisor on the Prevention of Genocide (OSAPG) [39]. These sources state that “any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such: . . . causing serious bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; imposing measures intended to prevent births within the group; [and] forcibly transferring children of the group to another group”.

The critical word therein is ‘intent.’ Legislative attacks against VH’s primary ‘targets’—religious objectors—shows intent and guilt by the preponderance of evidence.

Furthermore, the OSAPG explained, genocidal acts need not be blatant. Genocide includes “less obvious methods of destruction, such as the deliberate deprivation of resources needed for the group’s physical survival and which are available to the rest of the population, such . . . medical services” [39].

Clearly, legislative efforts to deny religious persons their right to refuse vaccinations, regardless of amounts of VH, are increasing as made apparent by the legislators’ actions [19,27]. Their condemnations, threats and methods of coercion target most commonly religious persons who represent the largest group demonstrating VH. As Perik published [40], “Traditionally, the most well-known objectors are members of religious groups, predominantly Protestant Christian congregations, who argue that vaccination interferes with divine providence” [40].

Religious persons, and increasing numbers of secular citizens awakening to the fraud in vaccinology, are being harassed and threatened with “the deliberate deprivation of . . . medical services” and other services (such as free access to schools and some workplaces) due to their opposing beliefs and commitments [40]. These impositions are intended to forcibly transfer individuals into the ‘herd’.

The scheme presumes natural immunity provided by God is insufficient for the state. Children of religious families who believe in ‘Divine design’ are put under persuasive pressure to adopt more secular views accepting scientific theology, albeit hereby biased by omissions of vaccine risks and misrepresentations of safety. So-called ‘scientific publications’ document blatant bias to administer the social-engineering scheme, correctly designated a ‘conspiracy.’ For instance, Hornsey, *et al.* [4] make it a point to target “Conspiratorial Beliefs” that increase VH, but blatantly omit religious objectors, the most widespread traditional objectors, from their study. Questionnaire “items were adapted to avoid colloquialisms and other culture-specific words and concepts”.

These facts evidencing fraudulent acts arguably satisfy the elements of social-engineering for genocide as defined and discussed by the OSAPG, and increase VH [39].

Furthermore, although vaccine-advocates dispel religious myths and abortive hearsay regarding the octoxynol-10 spermicide ingredient in some flu vaccines, they reinforce VH by neglecting to provide what is not available—scientific proof of no Triton X-100 link to plummeting male fertility rates internationally [41]. This uncertainty further fuels rational VH.

### Mass media social engineering compounds vaccine hesitancy

VH also sources from the obvious exploitation of infectious diseases and outbreaks to solicit ‘immunization’ compliance and vaccine sales. There exists incriminating coherence between public health officials heralding outbreaks (such as measles and the flu) and mass media messaging that is incongruous with commercial breaks largely featuring drug ads that relay the horrible side effects that may result from taking pharmaceuticals as directed.

Pathognomonic of a conspiracy to socially-engineer profitable depopulation (i.e., genocide), society is inundated with the media’s mixed messages. Viewers are encouraged to “ask your doctor” about drug risks; but consumers are smeared if they question vaccine risks. Patients are dismissed from practices if they are VH and refuse vaccines, but are told to “Just Say No to Drugs”. All while physicians and nurses generally remain clueless about the

ingredients in vaccines and the risks of adverse reactions detailed at length in unread package inserts. Many demonstrate ‘cognitive-behavioral inconsistencies.’ For instance, many caregivers avoid GMOs in foods, yet never consider direct injection of GMOs in all vaccines raising red flags. The hypocrisy is obscured by the social-engineering and message conditioning—‘immunizations’ are ‘safe and effective’ [41].

“If you tell a lie big enough and keep repeating it, people will eventually come to believe it. The lie can be maintained only for such time as the State can shield the people from the political, economic and/or military consequences of the lie. It thus becomes vitally important for the State to use all of its powers to repress dissent, for the truth is the mortal enemy of the lie, and thus by extension, the truth is the greatest enemy of the State,” explained Nazi propagandist Josef Goebbels [42].

Albert Bandura published hundreds of studies supporting his social learning theory. More powerful than parents, teachers or peers is the media, Bandura concluded [43].

The Internet, and especially the social media, heralds books and films (such as VAXXED and UN-VAXXED [16, 17]) revealing State secrets about the “political, economic and/or military consequences of the lie”. It thus became “vitally important for the State to use all of its powers to repress dissent” [34-36,44]. This is precisely what citizens witnessed during the senate hearing, and protested in the social media, compounding VH.

### The VH Red Herring

A red herring is defined in *Wikipedia*, as “something that misleads or distracts from a relevant or important question. It may be either a logical fallacy or a literary device that leads readers or audiences toward a false conclusion. A red herring may be used intentionally, as in mystery fiction, or as part of rhetorical strategies (e.g., in politics), or may be used in argumentation inadvertently” [45].

Albeit *Wikipedia* is recognized internationally as a Western intelligence controlled information resource [46], it accurately cites ‘intentionality,’ ‘mystery,’ and political rhetoric as elements of this art of red herring deceptions [45]. Red herrings have been examined in the scientific literature. Given the aforementioned facts it is most reasonable to consider the entire matter of VH as a ‘red herring.’ Only by accurately diagnosing this can leaders turn to fact-based explanations and science-based remedies [5]. This diagnostic procedure and purview is especially indicated given the aforementioned-evidence of fraud, misleading statements pub-

lished by officials, and ‘ambiguous’ methodologically-perplexing and incongruous practices that are not reducing VH, but actually increasing vaccine hesitancy.

Laney [47] reviewed “The Red Herring Technique” with war defense security expert Kaasa., *et al.* They “planted false memories . . . using a simple false feedback procedure [, and] developed a novel procedure designed to reduce [interference] by providing an alternate magnet for subjects’ natural suspicions. [They] used two separate levels of deception. In addition to giving subjects atypical untrue rationale for the study (i.e., normal deceptive cover story), [they] built in strong indicators (the Red Herring) that the study actually had another purpose. Later, [they] told subjects that we had deceived them, and asked what they believed the real purpose of the study was” . . .

Laney [47] stated, “Our Red Herring successfully tricked subjects, and left little worry that our false memory . . . double cross technique may have widespread uses in psychological research that hopes to conceal its real hypotheses from experimental subjects” [47].

These conclusions apply to the facts examined in this case study. The ‘false memory’—the social meme that “vaccines are safe and effective” is the “double cross technique” being administered for widespread social acceptance to “conceal its real hypotheses from experimental subjects”. That is, the public is the experimental group, and the ‘real hypothesis’ being concealed is that global depopulation through vaccination-induced diseases can be covertly administered and socially accepted.

### Corroborating concerns: Correlates and predictors of social engineering manufacturing infectious disease frights and diversions to fuel sales

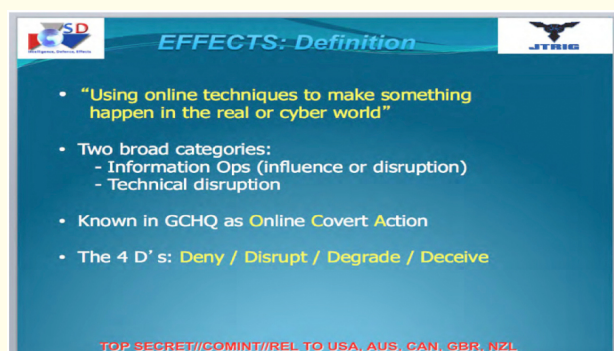
Assuming *arguendo* that VH is the ‘intentional deception,’ ‘altered vision’ or diversion as magicians regularly perform (i.e., the truth about one hand doing the trick concealed by the more active hand)—Sayre offers related science on such red herrings [46]. According to Sayre, intentional manipulation of concepts and reasoning using “semantic information-processing” is applicable here. Much like “mechanical systems” and artificial intelligence (AI), the human ego and cognitive behavioral functions are susceptible to red herrings [48].

Curiously, the “scientific red herring” was further considered to apply to autistic spectrum disorders by Edmond., *et al.* [49] (A vaccine-autism association must be presumed by reason of the aforementioned facts [15-18].

In addition, pursuant to the military and intelligence community's use of red herrings in biological warfare, Horowitz vicariously exposed a red herring while researching the mysterious American anthrax mailings. The red herring there involved the safety of the U.S. mail and threats of Iraqi biological warfare. There suddenly appeared a unique stain of anthrax, much like the sudden reappearance of a formerly 'irradiated' measles virus [51]. The earlier presumed red herring was deployed as a decoy for puffing Cipro sales. That damaging antibiotic was later pulled from the market by the FDA [50]. While advancing a commercial espionage theory, Horowitz tracked the novel anthrax to the Battelle Memorial Institute complicit with the Bioport anthrax vaccine maker, both contracting for USAMRIID [51]. That pharmaceutical industry red herring urges renewed scrutiny for similarities reported here. A 'pattern and practice' of committing diversions for concealing commercial crimes is similarly evidenced in this case study.

Although science 'skeptics' may publish to dismiss these facts, observations, and reasonable concerns; while such skepticism defies public duty doctrine and further evidences a pharmaceutical industry 'protection racket' as previously exposed [18], there is substantial evidence supporting such 'conspiracy theories' from leaked government sources.

Figure 2 reveals a set of "Top Secret" social-engineering techniques developed by the Joint Threat Research Intelligence Group (JTRIG) of the Anglo-American "Government Communications Headquarters (GCHQ)" based in England. This group is intertwined with the U.S. Central Intelligence Agency (CIA). This intelligence was initially published by Glenn Greenwald in *The Guardian*, as leaked by NSA agent Edward Snowden [52].



**Figure 2:** Leaked top secret GCHQ social engineering training slide prepared for agents' use of the '4Ds' method(s) of online covert action.

Figure 2 reveals the "online techniques to make something happen in the real or cyber world" [52]. These "Information Ops" involving "influence or disruption" is known in GCHQ semantics as "Online Covert Action". There are four fundamental techniques used to generate red herring diversions affecting real world politics and social behavior. These include 'denying' what is true, 'disrupting' opposition groups, 'degrading' opposition leaders, and 'deceiving' decision makers, resulting in strategic military conquests [52].

### Vaccine hesitancy justified by truly unsafe ingredients

The fundamental truth that the red herring of VH conceals is that vaccines are not 'safe,' nor can they ever be made 'safe,' 'safer,' or free from adverse effects. This assertion is based on two indisputable facts: (1) the foreign nature and immune-stimulating antigenicity (i.e., toxicity) of the active ingredients in vaccines include proteins and genetic material from foreign species and the microbial world. These breach natural protections, such as the skin, and simulate assaults by genetically-modified infectious agents; and (2) the stabilizers and sterilizing chemicals and heavy metals that are poisonous to life can never be semantically and ethically reclassified as 'safe'.

Moreover, given the widespread abuse of the misrepresentation of vaccine safety, it is most reasonable, if not crucial, that citizens hesitate, question, research and make informed decisions. Thus, VH is not only justified, but crucial to informed decision-making and society's protection.

These unpopular truths are compounded by the economic and political realities intertwined with VH, best explaining officials' behavior, and the observed facts in this case study.

For instance, in 2009, Eisenstein justified considering silver hydrosols as alternatives to vaccines by noting that drugs were the third leading cause of death in the United States [24]. According to Angiji's comprehensive review of adverse drug reactions (ADRs) [53], iatrogenic damages contributed to 6.5-10.9% of hospital admissions and as much as 2.9% of hospital deaths. Multiple drug interactions causing adverse reactions were noted as significant. In contrast, since that time, studies examining vaccine interactions have been neglected, prompting Rep. Posey's "Vaccine Safety Study Act" [22]. Further, there is a suspicious dearth of substantive scientific reports, or even lay publications, providing express morbidity and mortality data from the CDC, and the Vaccine Adverse Event Reporting System (VAERS).



Investigators have noted “more than 200,000 reports for post-vaccination events that occur after the administration of vaccines licensed in the United States”. But that 2014 report documents political correctness and bias more than legitimate science [54].

For instance, the opening statement “Vaccines have been one of the most successful public health interventions to date with most vaccine-preventable diseases having declined in the United States by at least 95-99%” [54]. That repeated mantra, obviously included to excuse the VAERS data admittedly defective due to “underreporting,” was repeated by Senator Alexander and his hearing committee members for message conditioning.

Therefore, scientists and VH citizens should question the ‘under-reporting’ and ‘silence’ surrounding vaccine side effects including cancers (as cited below). The obvious misrepresentations of safety compounds anxiety.

This psycho-social reasonable anxiety is compounded by more silence regarding the other “most successful public health interventions to date”. These include improvements in hygiene, water quality, and nutrition. These far less profitable and economically sustaining methods of infectious disease prevention and health promotion are avoided by vaccine proponents and propagandists. This silence too is ‘deafening’.

“Conduct which forms a basis for inference is evidence. Silence is often evidence of the most persuasive character,” wrote U.S. Supreme Court Judge Louis Brandeis, in *United States ex rel. Bilokumsky v. Tod* [55].

From the silence surrounding vaccination risks, adverse reactions, blatant misrepresentations of safety, officials’ malfeasance, and consumer fraud issuing from the ALEC/PhARMA-captured [29] political, medical, and scientific communities, such conduct forms a basis for inferring vaccination genocide is occurring under the guise of public health and ‘disease control’ [39,44].

Citizens who rely on law-makers and government health officials to be honest and unbiased—fair in their trade—were justifiably outraged by the Senate committee’s proceedings.

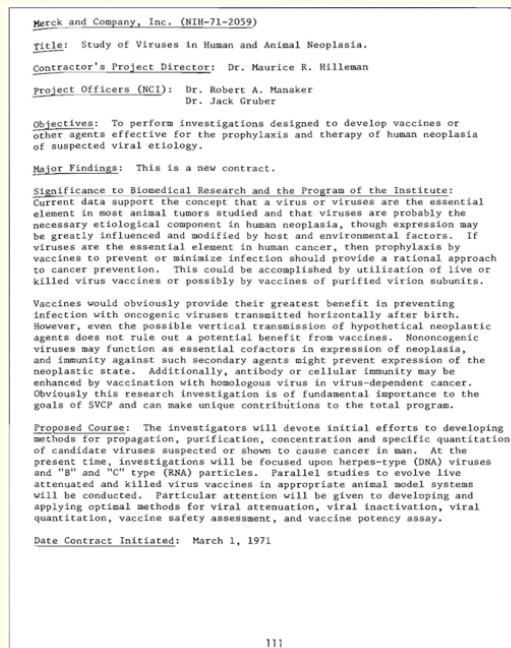
#### General agreement’ of vaccine safety controverted by facts

The fact that there is ‘general agreement’ or ‘general acceptance’ in public health, science, and medicine that “vaccines are safe and effective,” means nothing more than propaganda in the wake of the U.S. Supreme Court’s ruling in *Daubert v. Merrell Dow Pharmaceuticals, Inc.*, 509 US 579 (1993). The Merrell Dow drug giant had purposefully falsified science and advertising campaigns

to gain ‘general acceptance for their products. The court ruled to look beyond that fact to examine alternative evidence, such as these facts:

- In or about 1986, Dr. Albert Sabin was interviewed on his pioneering work on the live attenuated oral polio vaccine that replaced the in-effectively ‘killed’ Salk vaccine that caused thousands of cases of polio in injected children [56]. Speaking candidly about Salk’s polio ‘cure,’ Sabin stated, “It was too much of a show. It was too much Hollywood. There was too much exaggeration. And the impression that in . . . 1954, . . . that the problem [of polio] had been solved,” was simply not true [56]. Sabin’s cure for polio subsequently was found to be contaminated with the SV40 cancer virus due to its manufacture in monkey kidney tissues by the Merck Drug Co. That little reported fact begs further scrutiny in the wake of pandemic cancers [56-58].
- Also in 1986, the Merck Drug Company’s chief of vaccine development, Dr. Maurice Hilleman, revealed during a sequestered interview with medical historian, Edward Shorter, that yellow fever vaccines were tainted with leukemia viruses. Those “wild viruses” were isolated and genetically mutated during the Special Virus Cancer Program (“SVCP”) in which Hilleman worked under National Cancer Institute contract # 71-2059, titled “Study of Viruses in Human and Animal Neoplasia [i.e., Cancer],” another heavily censored scientific fact begging neglected scrutiny, as shown in Figure 3 [56-58].
- During that same interview, while discussing Merck’s vaccine-making, Dr. Hilleman stated, “We brought in the African greens . . . We didn’t know we were importing AIDS virus at the time” [56-58].
- In 1997, Horowitz publicly challenged the AIDS-virus ‘co-discoverer,’ Dr. Robert Gallo, regarding his 1970-1972 work under Contract 71-2025 for the National Cancer Institute and Litton Bionetics. (See Figure 4) The objective of Gallo’s SVCP group was to develop recombinant cancer viruses that specifically expressed the never-before-seen leukemia, lymphoma, sarcoma immune-suppression complex later named GRID and AIDS. Horowitz asked Gallo before television cameras if this association concerned the AIDS science celebrity. Horowitz questioned Gallo about the ‘presumption of facts’ in evidence in the SVCP contracts indicating most reasonably that the first transmissions of HIV/AIDS jumped from contaminated lab animals supplied by Gallo’s colleagues at Litton to the Merck Drug Co. for the hepatitis B vaccine experiments involving gay men and others. That vaccine is most suspected of subsequently infecting the first victims—gay men in New York City, Blacks in Central Africa, Willowbrook

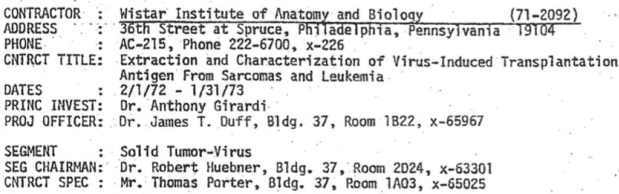
- State School mentally-retarded children, and later 10,000 hemophiliacs who had consumed products derived from the gay men's 'pooled' blood [57]. (The experimental methods, materials, and subjects in that series of implicated hepatitis B vaccine trials were administered by the CDC, U.S. Army, New York University Medical Center, and NY Blood Bank.) Gallo maliciously responded, but later apologized [57-60].
- In 1997, Gallo's colleague, W. John Martin, M.D., Ph.D., former Director of the Bureau of Biologics—the forerunner to the FDA—informed Gallo that substantial evidence existed to suspect vaccine transmissions of simian cytomegalovirus and herpes B type viruses sufficient to support Horowitz's concerns that Litton's chimpanzee colony was used to harvest hepatitis B viruses for Merck's apparently contaminated vaccines [58].
  - On June 17, 2002, the U.S. General Accounting Office ("US-GAO") whitewashed their investigation report on the Origin of the AIDS Virus (in GAO-02-809R) to stonewall the Honorable Rep. James A. Traficant, Jr., June 17, 2002 [60].
  - On Feb. 27, 2019, overseeing HIV/AIDS and infectious diseases for the U.S. National Institute for Allergies and Infectious Diseases (NIAID), Dr. Anthony Fauci, was recorded committing *perjury* before the U.S. Congress's House Committee on Energy and Commerce at a "Hearing on 'Confronting a Growing Public Health Threat: Measles Outbreaks in the U.S'". The hearing was sponsored by the pharmaceutical industry through politicians, Frank Pallone Jr. (D-NJ) and Diana DeGette (D-CO). Fauci is recorded lying; denying that cases of encephalitis have been caused by the measles vaccine, defying the clearly stated encephalitis risks published in the vaccine package insert supplied by Merck. That publication states under **ADVERSE REACTIONS** "*Encephalitis and encephalopathy have been reported approximately once for every 3 million doses of M-M-R II or measles-, mumps-, and rubella-containing vaccine. . .*". Moreover, the "once for every 3 million doses" omits the significant underreporting in the VAERS system" [59].
  - On January 11, 2018, while testifying under oath pursuant to Dr. Stanley Plotkin's involvement in developing the rubella vaccine at the Wistar Institute in Philadelphia, Plotkin perjured himself by falsely stating that pieces of only two human fetuses were used in developing that vaccine. In fact, Dr. Plotkin's records proved his knowledge that 76 fetuses were used [59].
  - During the 1970s, Dr. Plotkin also led the development of an experimental vaccine against the simian (monkey) cytomegalovirus, that Martin published was one of the most common vaccine contaminants. At that time, Plotkin clearly obtained his background intelligence on CMV from his colleagues at Wistar who worked in the SVCP on that virus, and were claimed responsible for similar polio vaccine contaminations [59].
  - Figure 5 shows a copy of the header caption for the Wistar Institute SVCP Contract # 71-2092 [60]. The Wistar contract clearly states the "significance to biomedical research" of Plotkin's cohort's NCI contract was to "isolate and test virus-induced tumor-specific transplantation antigens in animal model systems". The group worked to "rescue human oncogenic (i.e., cancer-causing) viruses using co-cultivation, fusion [i.e., genetic engineering by mutating and hybridizing viruses] and chemical activation" of viruses to produce cancers. Specifically, the cancers sought to be produced in this 1971-72 contract was linked to Gallo's similar assignments overseeing Bio-netics. These groups commercially developed the viruses that produced "Sarcomas and Leukemias" as the Wistar and Bio-netics contracts comparatively show. This scientific evidence proves that Plotkin is complicit or implicated in the enterprise that spread cancers from contaminated vaccines.
  - Figure 6 is a related SVCP record that evidences officials at the esteemed Nobel Prize committee's Karolinska Institute ("KI") in Sweden did fraudulently conceal their own agency's conflicting interests in awarding Harold zur Hausen his award for the claimed discovery of the human papilloma viruses (HPVs). In granting the Nobel Prize to zur Hausen, the KI neglected their own involvements in the SVCP, the early gene cloning and virus mutation experiments they conducted, and the lab technologies they developed for vaccine research and developments that bred the cancer viruses plaguing humanity today.



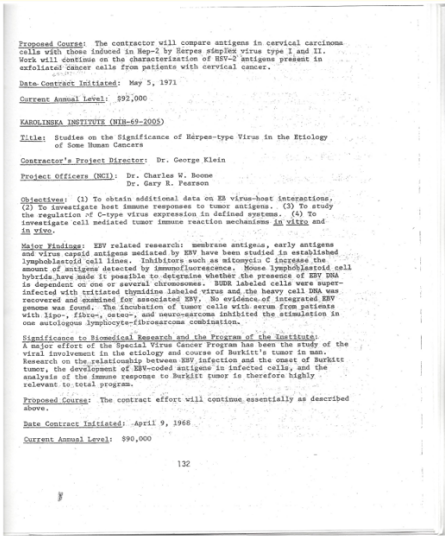
**Figure 3:** Special Virus Cancer Program, National Cancer Institute, National Institutes of Health contract number NIH-71-2059, to Merck and Company, Inc., titled "Study of Viruses in Human and Animal Neoplasia".



**Figure 4:** Special Virus Cancer Program, National Cancer Institute, National Institutes of Health contract number NIH-71-2025, to Bionetics Research Laboratories, Inc., titled “Investigations of Viral Carcinogenesis in Primates”



**Figure 5:** Special Virus Cancer Program, National Cancer Institute, National Institutes of Health contract number NIH-71-2092, to Wistar Institute of Anatomy and Biolog., titled “Extraction and Characterization of Virus-induced Transplantation Antigen from Sarcomas and Leukemia”.



**Figure 6:** Special Virus Cancer Program, National Cancer Institute, National Institutes of Health contract number NIH-69-2005, to Karolinska Institute, titled “Studies on the Significance of Herpes-type Virus in the Etiology of Some Human Cancers”.

At that time, during the 1980s, the general agreement in science backed the multi-factorial model of cancer. All that changed following the SVCP.

Figure 6 details the KI’s involvements with the National Cancer Institute (“NCI”) in recombining strains of DNA herpesvirus with strains of RNA tumor viruses isolated from patients worldwide with malignancies. The SVCP collaborators “transformed” benign or “latent” herpes viruses into model cancer triggers. These studies were well-justified in science’s search for the causes and cures for cancer. However, it is unreasonable and reckless to neglect these herpes cancer virus mutation studies that best explain the sudden emergence in 1982 of zur Hausen’s lab viruses called “HPV” (i.e., the human papilloma virus) claimed to cause human cervical cancers for which Merck’s Gardasil vaccine was commercialized [59].

Conclusion

The objective of this case study was to assess the assertions made by a group of U.S. Senators who opposed vaccine hesitancy (VH) in contrast with fact-based science gathered by literature review and generally accepted ‘public knowledge’ regarding the commercial and political realities that induce or reinforce VH to determine whether or not targeting VH for extinction is reasonable. From this, the author concludes that vaccine hesitancy is a socially-engineered ‘red herring’ disregarding or diverting from society’s rational reaction to justifiable concerns.

This study reveals that, pursuant to VH being contrived like a ‘red herring,’ the governing officials’ actions evidence a heavily-financed social-engineering scheme well-coordinated with the corporate-controlled and academic media to accomplish three objectives:

1. To divert the public’s attention from the underlying risk of vaccines spreading cancers, auto-immune diseases, and much more. The irrefutable government records unearthed here provide scientific facts detailing viral-recombinant vaccine research accompanied by officially-recognized outbreak risks during the Special Virus Cancer Program (SVCP) conducted between 1962 and 1978. These generally neglected cancer vaccine trials pose many urgent questions reinforcing VH. These rational concerns are compounded by the lack of any definitive ‘risk/benefit’ analysis in vaccinology, particularly no long-term retrospective studies of possible vaccine-cancer links, that would be expected of government agencies in lieu of the escalating cancer rates presumed to be viral induced. Consequently, it is unreasonable to dismiss or neglect such risks, and recklessly irresponsible to delay further The Vaccine Safety Study Act (stonewalled at the time of this writing) that is proposed to remedy this unjustifiable deficiency of scientific data.
2. To protect vaccine companies from liability, much like the National Childhood Vaccine Injury Act of 1986 did by imposing a grossly defective compensation program and adverse events reporting system (VAERS) that obscures vast damage associated with vaccines. In other words, by falsely labeling VH as a psycho-social pathology, ignorance, and/or a threat to public health, only vaccine industrialists benefit. Willfully-blind vaccine proponents



obfuscate and defy the public duty imposed by VH for greater scientific scrutiny. Those who are vaccine hesitant, as well as honest officials, have a right and duty to know the amounts of vaccine damage that may or may not exist; and

3. To aid-and-abet concealed special interests (i.e., not a 'conspiracy theory' per se, but a 'conspiracy reality' involving leading vaccine industrialists. These are also often depopulation proponents. Most visible is Bill Gates, who is also the world's leading vaccine distributor. Gates's conflicting interests, profiting from vaccine injuries with co-investors in private equity banking firms profiting from diseases, justifies VH.

These facts raise probable cause for a presumption of genocide as defined by the United Nations [25]. The elements of genocide are adequately satisfied by the facts presented above. Mr. Gates is a prime example, having publicly proclaimed vaccines will reduce the world's population by 15% [62]. The science backing this proposition is as nebulous as VH (or its study methodology is reported to be) [5]. In this context of serious conflicting interests, governmental negligence, and mass-mediated delusional thinking, genocide is enabled without significant opposition. In this context, vaccine-hesitant citizens are marginalized using media propaganda, such as Gate's Microsoft (MS)NBC, online covert actions, and blatant censorship.

Medically-legally, case law establishes the need for "a standard of proof" concerning the "confidence our society thinks [w]e should have in the correctness of factual conclusions" [63]. The conclusion that vaccines are safe enough to be trusted defies such a "standard of proof". Instead of providing scientific proof to secure public confidence in the safety of vaccines, VH is targeted; and thus operates as a red herring to control opposition to lacking proof and low confidence. Instead of conducting a reasonable inquiry into the missing injury data, such as tracking the number of gay men or Willowbrook children in New York who died of AIDS after receiving the suspect hepatitis B vaccines [56], by leveraging their media, vaccine industrialists are able to divert from acquiring any "degree of confidence" [18]. VH thus operates as a "degree of little-to-no-confidence" disparaged by officials under the influence of concealed special interests.

The aforementioned facts also evidence unethical and illegal actions by covert agents in military and intelligence agencies administering vaccine propaganda as though Big Pharma engages a profitable at war against We The People [18]. These controversial conclusions are drawn from the science-based evidence presented above. For this reason, this case study and paper provides constructive notice to readers, health officials, lawmakers, and policy administrators at every level of government and industry.

The facts support the claim that the entire field of vaccinology is untrustworthy. Science is lacking proving vaccines are not killing and maiming more people than they may be helping or saving. Under these constraints, forced vaccinations is a reckless policy. Such unscientific political impositions are justifiably considered a form of biological warfare against humanity. Given this reasonable concern, vaccine hesitancy is a most rational and life-saving activity.

In closing, VH is most common among religious persons. The religious objection to vaccination was first raised in *Jacobson v. Massachusetts* [64]. The "separation of church and state" was seriously diffused in *Jacobson*. Today, *Jacobson's* case would be bolstered by Big Pharma's record of wrongdoings such as negligence, recklessness, fraudulent concealments, misrepresentations, criminal mischief, unfair trade, and consumer fraud. Public knowledge of such malpractices, aided-and-abetted by willfully-blind and apparently-bribed lawmakers, has resulted in more burdening VH than *Jacobson* suffered. *Jacobson* also had no knowledge of 'regulatory capture' by Big Pharma of consumer protection agencies, such as the CDC, FDA, state health departments, and the legislative branches of governments [51].

In conclusion, there exists substantial justification for VH that cannot be extinguished by behavioral initiatives. Any such methods and materials, ways and means, must conceal the irreconcilable truth about vaccine risks, intoxication side effects, cancer pandemics exploding following the polio and hepatitis B vaccines, official malfeasance concealing these facts, and more shameful acts that have gained a 'critical mass' of public awareness that will continue to expand [15-19].

Targeting VH, therefore, is like fishing for a red herring. The entire process and objective is not only nebulous, but absurd, divisive, diversionary, and damaging to society's faith in science, medicine, and government. Officials who subscribe to this malfeasance vicariously implicate themselves in the enterprise of consumer fraud, illegal trade, and global genocide.

As VH continues to expand, as more people realize safety assurances are baseless, there is a high probability that vaccine substitutes, and more natural methods of preventing infectious diseases, will be sought and found. In this regard, the silver hydrosols and frequency-based technologies are most promising.

#### Declaration of conflicting interests and bias

The author proudly declares two conflicting commercial interests in the presentation of this information: (1) NASA science was supplemented by this author's pioneering development of a claimed alternative to vaccinations, OxySilver—a 528 Solfeggio-fre-



quency-enhanced oligodynamic silver-hydrosol incorporating water-structuring and micro-clustering technology to enhance energetic memory and cellular absorption for optimal benefits claimed to “make all vaccinations and antibiotics obsolete;” and (2) the author is heavily invested in the natural healing arts and sciences. The author also acknowledges is personal and professional bias against vaccines caused by two traumatic events: (1) the author lost his mother to the vaccine injury called Guillain-Barré syndrome caused by her receipt of the 1976 Swine Flu vaccine; and (2) between 1990-93 the author personally trained nearly 30,000 healthcare professionals in infection control behaviors and AIDS risk management that included recommending the hepatitis B vaccine, later determined to have increased morbidity and mortality, as detailed above.

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